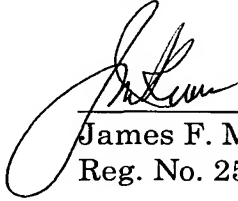


Basic Fee					\$375/750	= \$750.00
Total Claims	<u>21</u>	-	20	= <u>1</u>	x \$9/18	= \$ 18.00
Independent Claims	<u>1</u>	-	3	= <u>--</u>	x \$42/84	= \$
Multiple Dependent Claim Presented					\$140/280	= \$
Total Filing Fee						\$768.00

Two checks in the amount of \$ \$768.00 for the filing fee and \$40.00 for the assignment recording fee are enclosed. The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account No. 05-1323 (Docket 080408.52436US). A duplicate copy of this sheet is enclosed.

Respectfully submitted,



James F. McKeown
Reg. No. 25,406

JFM:ns:mld